MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO./ 10/58273/

FILING DATE

CLAIMS

							LAIN	.5	
	AS FILED		AFTER 1*AMENDMENT		AFTER 2 nd AMENDMENT				A
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IN
1	_/_		7					51	
2								52	
3				/				53	
4		2				ļ		54	
5								55	
6		0		/			į	56 57	_
7 8				-				57 58	
9		1		//				59	
10		1		/				60	<u> </u>
11		6		7		<u> </u>		61	
12		10		/				62	
13		0		7				63	
14		Ø.		/				64	
15				/	-			65	
16								66	<u> </u>
17								67	<u> </u>
18		-				<u> </u>		68	}—
19 20						 -		69 70	
21								71	_
22						 		72	
23								73	
24								74	-
25								75	
26								76	
27								77_	
28		ļ						78	ļ
29						ļ		79	
30		ļ						80	
31		 				 		81 82	
33								83	
34								84	┢──
35								85	
36								86	
37							İ	87	
38								88	
39							į	89	<u> </u>
40								90	
41								91	
42								92 93	
44		 			-	 		94	 -
45		 		-		 		95	┢─╴
46							į	96	
47								97	
48								98	
49								99	
50		ļ				 	i	100	
TOTAL IND.		. ■	/	♣		■		TOTAL IND.	
TOTAL DEP.		•	/5	(+		TOTAL DEP.	
TOTAL CLAIMS		2.45	16	· · ·				TOTAL CLAIMS	
CLAIMS		لكجيب		لتجهر	L		ı		L

3							
	ASF	ILED		ΓER	AFTER		
				IDMENT	2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53			-				
54							
55_							
56 57			-				
58							
59							
60							
61							
62						_	
63							
64							
65							
66							
67							
68							
69							
70							
71 72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86 87							
88					-		
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99 100		\vdash					
TOTAL							
IND.		➡		▼		-	
TOTAL DEP.		+		(=		(+	
TOTAL CLAIMS						*	